

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030836

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2195

FILED JUL 22 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002

24003

3

4

5

6

7

8

9331X

10

11

1245-3

13

DATE AMENDED

1

2

3

4

5

6

7

8

9

10

11

12

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

3. Robert Terry Neeley Jr. 8-8-63
 13a. Robert T. Neeley, Sr. 8-8-62
 17-8. Robert T. Neeley, Jr. 8-8-63
 1-29-51 Robert T. Neeley, Jr. 2-5-51

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSP.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS c. CITY OR TOWN KIRKWOOD d. STREET ADDRESS (If outside, give location) 252 CHICAGO ST.	
3. NAME OF DECEASED (Type or print) First ROBERT Middle Terry Last NEELEY JR.		4. DATE OF DEATH Month 7 Day 5 Year 1963	
5. SEX MALE	6. COLOR OR RACE COL.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (City and state or country) ST. LOUIS	
13a. FATHER'S NAME ROBERT T. NEELEY SR.		13b. MOTHER'S MAIDEN NAME LAVETTE COLLINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT ROBERT T. NEELEY SE.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intracerebral hemorrhage with cEncephalomalacia (possible Berry Aneurysm); acute passive congestion with dilation (R) heart) DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post-op, removal retention cyst lower lip		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CLAYTON COUNTY MISSOURI STATE MO	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 1:05 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond H. Hurd Coroner		22b. ADDRESS Clayton, Missouri	
22c. DATE SIGNED 7/11/63		22d. LOCATION (City, town, or county) (State) CRESTWOOD MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7.9.63	
23c. NAME OF CEMETERY OR CREMATORY FATHERDICKSON		23d. LOCATION (City, town, or county) CEM. CRESTWOOD MO	
24. FUNERAL DIRECTOR JOHN W. HEMPHILL ADDRESS 408 S. FILLMORE		25. DATE RECD. BY LOCAL REG. 7-9-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Therese Cooper

Licensed Embalmer No. 4600

P. O. Address 4600 St. Jean St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.